## 122000091538

(Re	questor's Name)	<del></del>
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Q. SIL	AS
ļ ,	JUL 05	2022
6/21/22	<u> </u>	

Office Use Only



500385532235

04/11/22--01086--0.5 \*\*25.00



RECEIVED

2022 JUN 21 PM 12: 20

SECKLI ... SECKLI ... TALLAHIJOSEE, FI

April 29, 2022

JULIO AYARZA DELGADO 6233 DEVONHURST DR JACKSONVILLE, FL 32258

SUBJECT: BLESSED CONSTRUCTION SERVICES LLC

Ref. Number: L22000091538

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form submitted cannot be used to make changes to the members/managers of a LLC. Please complete the enclosed Amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 722A00009981

Querida R Silas Regulatory Specialist II

www.sunbiz.org

## COVER-LETTER

, .

TO:

TO: Registration Section Division of Corpo					
SUBJECT: Blesse	d Construction	Sarvices LLC.			
	Name of Limit	ted Liability Company			
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.			
Please return all correspond	lence concerning this matter t	o the following:			
	Julio Ayarza	Jelando.			
	<del></del>	Name of Person			
	AMBR.				
	711 013	Firm/Company			
	6222 1	buck de			
	6233 Jevo	Address	<del></del>		
	T	TI 20040			
	JACKSON VITTE,	F 1 32258.  City/State and Zip Code			
		o be used for future annual report not			
	E-mail address: (c	o be used for future annual report not	fication)		
For further information cor	ncerning this matter, please ca	all:			
110 1	is a Malando	706 , 533 B7	555)		
Name of I	Person	at (704) 533 83 Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Se	ection		
Division of Co		Division of Corporations			
P.O. Box 6327 Tallahassee, F		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810		
i ananassuu, i	La 1/2011				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Blessed lo	onstruction Services ETC. PM 5:18
Name of the Limite	ed Liability Company as it now appears on one records.  (A Florida Limited Liability Company)  TALLAHASSEE, FL
The Articles of Organization for this Limited Lia	iability Company were filed on 02/08/2022. and assigned
Florida document number <u>L2200009153</u>	<u>36</u> .
This amendment is submitted to amend the follow	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREET	T ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	
B. If amending the registered agent and/or reagent and/or the new registered office address	registered office address on our records, <u>enter the name of the new register</u> ss here:
Name of New Registered Agent:	Lesby Onoria Rivera Gerrzolez.  6233 Devenhurst Dr.  Enter Florida street address
New Registered Office Address:	Enter Florida street address
	Jackschulle Florida 32238  City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
17GR	Lesby Onoria Rivera Gonzalez	6233 Devenburst Rd	īZl/Add
	Contalet.	Jacksonville, F1 32258	□Remove
			□Change
AMBR	Julio Alyanza DelGado	6233 Devanhurst Rd	□ Add
		Jacksonville, 71 32258	
			ZChange
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			🗆 Add
			□Remove
			□ Change
			□Remove
			🖟 Change

_							<del></del> .		
_									
_			· · · · · · · · · · · · · · · · · · ·					·	
_					<u>.</u>				<del></del>
_									
_			<del></del>	<del></del>		<u> </u>			
_	<u> </u>	· <u></u>	<u> </u>			<del></del>	<u> </u>		
_				<u>.                                    </u>	<del></del>	<u>-</u> -		<u>-</u>	
_			<del></del> .		<del></del>			<del></del>	<del></del>
-						_			
_					<u> </u>			<u> </u>	<del></del>
-	<u></u>								
-	<del></del>								<del></del>
							<u>.</u>		
_				<u></u>	<del>-</del>				
_	<u> </u>		<u> </u>			<del></del>			<del></del>
_	<u>-</u> _		<u> </u>						
a ac		1 4h 4h	Into of filin	<b></b>			Contic	onal)	
Note:	If the date inse	her than the of the date must erted in this blo date on the De	ck does not i	meet the app	ncable statuto	ing or more th ry filing req	an 90 days after irrements, this	onal) filing.) Pursuant to date will not be	o 605.020 : Tisted a
e recor rd is fi		elayed effective	date, but no	t an effective	e time, at 12:0	i a.m. on the	e earlier of: (b	) The 90th day	after the
Dated	June	16		. 202	2				
		You	Signature of a	member or at	thorized repres	sentative of a	nember		_